



## PROGRESSED AFTER 1L PLATINUM CHEMOTHERAPY AND PD-L1 MAINTENANCE THERAPY<sup>1</sup>

### MEET RICHARD: AGE 68

#### MEDICAL HISTORY

- Controlled type 2 diabetes
- Former smoker
- ECOG performance status: 0



#### Diagnosed with locally advanced urothelial cancer (UC)

Radical cystectomy and urinary reconstruction

2017



#### Diagnosed with metastatic UC with multiple liver lesions (PD-L1+/FGFR 2/3-)

##### Treatment initiated



##### 4 cycles cisplatin and gemcitabine

- Achieved Partial Response to chemotherapy
- Performance status deterioration: ECOG 1
- Grade 3 peripheral neuropathy (moderate tingling in fingers and toes, light muscle weakness affecting gait and the ability to stand for a period of time, i.e. showering)<sup>2</sup>
- Intermittent nausea and vomiting



##### 8 cycles avelumab maintenance

- Performance status maintained: ECOG 1
- Nausea and vomiting resolved
- Grade 2 peripheral neuropathy

2020



Liver panel indicates elevated ALT/AST

PET/CT scan reveals growth of previous liver lesions

2020

Would you consider TRODELVY for Richard as his next treatment?

1L=first line; 2L=second line; ALT=alanine transaminase; AST=aspartate aminotransferase; ECOG=Eastern Cooperative Oncology Group; FGFR=fibroblast growth factor receptor; PD-1=programmed death receptor-1; PD-L1=programmed death-ligand 1.

## INDICATION

TRODELVY<sup>®</sup> (sacituzumab govitecan-hziy) is a Trop-2-directed antibody and topoisomerase inhibitor conjugate indicated for the treatment of adult patients with locally advanced or metastatic urothelial cancer (mUC) who have previously received a platinum-containing chemotherapy and either programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor.

This indication is approved under accelerated approval based on tumor response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

## IMPORTANT SAFETY INFORMATION

### BOXED WARNING: NEUTROPENIA AND DIARRHEA

- Severe or life-threatening neutropenia may occur. Withhold TRODELVY for absolute neutrophil count below 1500/mm<sup>3</sup> or neutropenic fever. Monitor blood cell counts periodically during treatment. Consider G-CSF for secondary prophylaxis. Initiate anti-infective treatment in patients with febrile neutropenia without delay.
- Severe diarrhea may occur. Monitor patients with diarrhea and give fluid and electrolytes as needed. Administer atropine, if not contraindicated, for early diarrhea of any severity. At the onset of late diarrhea, evaluate for infectious causes and, if negative, promptly initiate loperamide. If severe diarrhea occurs, withhold TRODELVY until resolved to ≤Grade 1 and reduce subsequent doses.

Please see additional Important Safety Information on the following page, and click to see full [Prescribing Information](#), including **BOXED WARNING**.



## IMPORTANT SAFETY INFORMATION (cont'd)

### CONTRAINDICATIONS

- Severe hypersensitivity reaction to TRODELVY.

### WARNINGS AND PRECAUTIONS

**Neutropenia:** Severe, life-threatening, or fatal neutropenia can occur and may require dose modification. Neutropenia occurred in 61% of patients treated with TRODELVY. Grade 3-4 neutropenia occurred in 47% of patients. Febrile neutropenia occurred in 7%. Withhold TRODELVY for absolute neutrophil count below 1500/mm<sup>3</sup> on Day 1 of any cycle or neutrophil count below 1000/mm<sup>3</sup> on Day 8 of any cycle. Withhold TRODELVY for neutropenic fever.

**Diarrhea:** Diarrhea occurred in 65% of all patients treated with TRODELVY. Grade 3-4 diarrhea occurred in 12% of patients. One patient had intestinal perforation following diarrhea. Neutropenic colitis occurred in 0.5% of patients. Withhold TRODELVY for Grade 3-4 diarrhea and resume when resolved to ≤Grade 1. At onset, evaluate for infectious causes and if negative, promptly initiate loperamide, 4 mg initially followed by 2 mg with every episode of diarrhea for a maximum of 16 mg daily. Discontinue loperamide 12 hours after diarrhea resolves. Additional supportive measures (e.g., fluid and electrolyte substitution) may also be employed as clinically indicated. Patients who exhibit an excessive cholinergic response to treatment can receive appropriate premedication (e.g., atropine) for subsequent treatments.

**Hypersensitivity and Infusion-Related Reactions:** Serious hypersensitivity reactions including life-threatening anaphylactic reactions have occurred with TRODELVY. Severe signs and symptoms included cardiac arrest, hypotension, wheezing, angioedema, swelling, pneumonitis, and skin reactions. Hypersensitivity reactions within 24 hours of dosing occurred in 37% of patients. Grade 3-4 hypersensitivity occurred in 2% of patients. The incidence of hypersensitivity reactions leading to permanent discontinuation of TRODELVY was 0.3%. The incidence of anaphylactic reactions was 0.3%. Pre-infusion medication is recommended. Observe patients closely for hypersensitivity and infusion-related reactions during each infusion and for at least 30 minutes after completion of each infusion. Medication to treat such reactions, as well as emergency equipment, should be available for immediate use. Permanently discontinue TRODELVY for Grade 4 infusion-related reactions.

**Nausea and Vomiting:** Nausea occurred in 66% of all patients treated with TRODELVY and Grade 3 nausea occurred in 4% of these patients. Vomiting occurred in 39% of patients and Grade 3-4 vomiting occurred in 3% of these patients. Premedicate with a two or three drug combination regimen (e.g., dexamethasone with either a 5-HT<sub>3</sub> receptor antagonist or an NK<sub>1</sub> receptor antagonist as well as other drugs as indicated) for prevention of chemotherapy-induced nausea and vomiting (CINV). Withhold TRODELVY doses for Grade 3 nausea or Grade 3-4 vomiting and resume with additional supportive measures when resolved to Grade ≤1. Additional antiemetics and other supportive measures may also be employed as clinically indicated. All patients should be given take-home medications with clear instructions for prevention and treatment of nausea and vomiting.

**Increased Risk of Adverse Reactions in Patients with Reduced UGT1A1 Activity:** Patients homozygous for the uridine diphosphate-glucuronosyl transferase 1A1 (UGT1A1)\*28 allele are at increased risk for neutropenia, febrile neutropenia, and anemia and may be at increased risk for other adverse reactions with TRODELVY. The incidence of Grade 3-4 neutropenia was 67% in patients homozygous for the UGT1A1\*28, 46% in patients heterozygous for the UGT1A1\*28 allele and 46% in patients homozygous for the wild-type allele. The incidence of Grade 3-4 anemia was 25% in patients homozygous for the UGT1A1\*28 allele, 10% in patients heterozygous for the UGT1A1\*28 allele, and 11% in patients homozygous for the wild-type allele. Closely monitor patients with known reduced UGT1A1 activity for adverse reactions. Withhold or permanently discontinue TRODELVY based on clinical assessment of the onset, duration and severity of the observed adverse reactions in patients with evidence of acute early-onset or unusually severe adverse reactions, which may indicate reduced UGT1A1 function.

**Embryo-Fetal Toxicity:** Based on its mechanism of action, TRODELVY can cause teratogenicity and/or embryo-fetal lethality when administered to a pregnant woman. TRODELVY contains a genotoxic component, SN-38, and targets rapidly dividing cells. Advise pregnant women and females of reproductive potential of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with TRODELVY and for 6 months after the last dose. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with TRODELVY and for 3 months after the last dose.

### ADVERSE REACTIONS

**In the TROPHY study (IMMU-132-06),** the most common adverse reactions (incidence ≥25%) were diarrhea, fatigue, neutropenia, nausea, any infection, alopecia, anemia, decreased appetite, constipation, vomiting, abdominal pain, and rash. The most frequent serious adverse reactions (SAR) (≥5%) were infection (18%), neutropenia (12%, including febrile neutropenia in 10%), acute kidney injury (6%), urinary tract infection (6%), and sepsis or bacteremia (5%). SAR were reported in 44% of patients, and 10% discontinued due to adverse reactions. The most common Grade 3-4 lab abnormalities (incidence ≥25%) in the TROPHY study were reduced neutrophils, leukocytes, and lymphocytes.

### DRUG INTERACTIONS

**UGT1A1 Inhibitors:** Concomitant administration of TRODELVY with inhibitors of UGT1A1 may increase the incidence of adverse reactions due to potential increase in systemic exposure to SN-38. Avoid administering UGT1A1 inhibitors with TRODELVY.

**UGT1A1 Inducers:** Exposure to SN-38 may be substantially reduced in patients concomitantly receiving UGT1A1 enzyme inducers. Avoid administering UGT1A1 inducers with TRODELVY.

**Please click to see full [Prescribing Information](#), including **BOXED WARNING**.**

**References:** 1. TRODELVY [package insert]. Foster City, CA: Gilead Sciences, Inc.; April 2021. 2. Zhang X, Chen WW, Huang WJ. Chemotherapy-induced peripheral neuropathy. *Biomed Rep.* 2017;6(3):267-271.



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